

## QUALITY ASSURANCE FORM

### CONSULTANT COMPLETES THIS SECTION

Consultant: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

Des. No.: \_\_\_\_\_ Project No.: \_\_\_\_\_

Submittal: \_\_\_\_\_

This submittal has been reviewed in regards to consistency, completeness and overall content prior to submittal by:

Project Manager: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### REVIEWER COMPLETES THIS SECTION (see Note)

The above submittal has been reviewed for quality in accordance with the Quality Assurance Procedures.

Items	Designer	Reviewer

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: The consultant is responsible for checking all of its work as outlined in Section 6-2.0 “Quality Assurance Procedures” of the *Indiana Design Manual*. This area is where the consultant indicates which of its personnel has checked which items. If you have any questions, please contact the Consultant Services Supervisor.